**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Apr 16, 1999 8:00 am**
**Secretary of State**
04-16-1999 90076 035 ***150.00

DOCUMENT # P97000032569

1. Corporation Name
MAGELLAN BIOSCIENCE GROUP, INC.

Principal Place of Business: 12085 Research Drive, Alachua, FL 32615

Mailing Address:

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 12085 Research Dr. | 26 6286 17th St. South |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Alachua, FL | City & State 28 St. Petersburg, FL |
| Zip 24 32615 / Country 25 USA | Zip 29 / Country 30 |

3. Date Incorporated or Qualifed: 10 April 1997

4. FEI Number: 59-3464958 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Todd R. Daviau
10216 NW 13th Lane
Gainesville, FL 32606

10. Name and Address of New Registered Agent
81 Name: Todd R. Daviau
82 Street Address (P.O. Box Number is Not Acceptable): 6286 17th Street So.
83
84 City: St. Petersburg FL 85 Zip Code: 33705

11. Pursuant to the provisions of Sections ~~607.~~0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, ~~or both~~, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and ~~accept the obligations of~~, Section 607.0505, Florida Statutes.

SIGNATURE [signature] Pres./CEO — 25 Mar. 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | President, CEO | ☐ DELETE | 1.1 TITLE | President, CEO | ☒ Change ☐ Addition |
| NAME | Todd R. Daviau | | 1.2 NAME | Todd R. Daviau | |
| STREET ADDRESS | 10216 NW 13th Ln. | | 1.3 STREET ADDRESS | 6286 17th St. South | |
| CITY-ST-ZIP | Gainesville, FL 32606 | | 1.4 CITY-ST-ZIP | St. Petersburg, FL 33705 | |
| TITLE | Vice President, COO | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | John M. Cronan, Jr. | | 2.2 NAME | | |
| STREET ADDRESS | 4448 Ashmont | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | Jacksonville, FL 32258 | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver ~~or trustee~~ empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, ~~or~~ on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] Todd R. Daviau Pres./CEO — 25 Mar. 1999 — (727) 866-9614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)